

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		2					53								
4		4					54								
5		4					55								
6		4					56								
7		4					57								
8		4					58								
9		2					59								
10		2					60								
11		2					61								
12		2					62								
13		2					63								
14		2					64								
15		2					65								
16		2					66								
17		2					67								
18	1						68								
19		12					69								
20	1						70								
21		7					71								
22		1					72								
23	1						73								
24	1						74								
25							75								
26							76								
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42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	5						TOTAL IND.								
TOTAL DEP.	35						TOTAL DEP.								
TOTAL CLAIMS	60						TOTAL CLAIMS								